

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000006213

**FILED**  
**Oct 18, 2011**  
**Secretary of State**

**Entity Name:** ST. JOSEPH HOSPITAL MEDICAL ARTS BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2400 HARBOR BLVD  
SUITE 21  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

2400 HARBOR BLVD  
SUITE 17  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2400 HARBOR BLVD  
SUITE 21  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

2400 HARBOR BLVD  
SUITE 17  
PORT CHARLOTTE, FL 33952

**FEI Number:** 59-1740911

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCKINLEY, MICHAEL R  
223 TAYLOR STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** MICHAEL MCKINLEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KHALIDI, SAKINA M.D.  
**Address:** 2400 HARBOR BLVD., #17  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** VP  
**Name:** PADMAN, VENKATANARAYAN M.D.  
**Address:** 2400 HARBOR BLVD., #16  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** DST  
**Name:** BERGER, GARY L M.D.  
**Address:** 2400 HARBOR BLVD., STE. 21  
**City-St-Zip:** PORT CHARLOTTE, FL

**Title:** D  
**Name:** SWING, FRED M.D.  
**Address:** 2400 HARBOR BLVD., STE. 18  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** D  
**Name:** CHIARAVALLOTO, NORA  
**Address:** 2500 HARBOR BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** D  
**Name:** FLORES, ADELINA C M.D.  
**Address:** 2400 HARBOR BLVD., STE. 12  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SAKINA KHALIDI, M.D.

P

10/18/2011

Electronic Signature of Signing Officer or Director

Date